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CONFIRMATION NO. 9561

SERIAL NUMBER 10/667,791	FILING OR 371(c) DATE 09/22/2003 RULE	CLASS 005	GROUP ART UNIT 3673	ATTORNEY DOCKET NO. MPM.P.US0002
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APPLICANTS

Mark Shaw, Poland, OH;

**** CONTINUING DATA *********** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
**** 12/15/2003**

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance
Verified and Acknowledged	Examiner's Signature Initials

STATE OR COUNTRY
OH

SHEETS DRAWING
2

TOTAL CLAIMS
29

INDEPENDENT CLAIMS
3

ADDRESS

26360

TITLE

Antidecubitus heel pad

FILING FEE RECEIVED 836	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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